

November 13, 2014

Via Certified Mail 7008 1830 0001 6105 6144

Department of Environmental Quality Attn: Accounts Receivable P.O. Box 1104 Richmond, VA 23218

Re:

VPDES Permit Modification Application - Fee Payment Plains Marketing L.P., Yorktown VPDES Permit VA0003018

Dear Sir or Madam,

Please find enclosed a check for \$12,000.00 as payment of the VPDES Permit Modification and Renewal Application fees for Plains Marketing L.P., Yorktown. A copy of the Water Division Permit Application Fee Form is also attached.

If you have any questions regarding this matter, please do not hesitate to contact me at (757) 898-9732 or via e-mail (ikelley@paalp.com).

Sincerely,

Jane K. Kelley EHS Manager

Enclosures

DEPARTMENT OF ENVIRONMENTAL QUALITY WATER DIVISION PERMIT APPLICATION FEE FORM

FEES EFFECTIVE JANUARY 1, 2008

INSTRUCTIONS

Applicants for individual Virginia Pollutant Discharge Elimination System (VPDES), Virginia Pollution Abatement (VPA), Virginia Water Protection (VWP), Surface Water Withdrawal (SWW), and Groundwater Withdrawal (GW) permits are required to pay permit application fees, except farming operations engaged in production for market. Fees are also required for registration for coverage under general permits, except for the general permits for Domestic Sewage Discharges of 1,000 GPD or less (VAG40), and for Petroleum Contaminated Sites, Groundwater Remediation, and Hydrostatic Tests (VAG83).

The permit fee schedule is included on the back of this form, and includes fees for permit issuance, reissuance*, and for permit modification. Except for VWP permits, fees must be paid when applications are submitted. Applicants for VWP permits will be notified by the DEQ of the fee due. Applications will be considered incomplete if the proper fee is not paid and will not be processed until the fee is received.

* Note: the reissuance fee does not apply to individual VPDES and VPA permits - see the fee schedule for details.

Once you have determined the fee for the type of application you are submitting, complete this form. The form and your check or money order payable to "Treasurer of Virginia" should be mailed to:

Department of Environmental Quality Receipts Control P.O. Box 1104 Richmond, VA 23218

You should retain a copy of the form and your check for your records. Please direct any questions regarding this form or fee payment to the DEQ Office to which you are submitting your application.

APPLICANT NA	ME: Jane	Kelley				
ADDRESS: P	lains Marke	ting, L.P.				
_2	201 Goodwi	n Neck Rd				
_Y	orktown, VA	23692				
DAYTIME PHO	NE: (757) Area Code			er Identification i ax Identification N		76-0587115
FACILITY/ACTIV	VITY NAME:	Plains Marketi	ng L.P Yo	orktown Term	inal	
LOCATION: 2	201 Goodwi	n Neck Road, Yo	rktown, Vir	ginia 23692		
TYPE OF PERM (from Fee Schedul		" VANCEA I	Industrial N	lajor		
TYPE OF ACTIO	ON:	New Issuance	⊠ Re	issuance	⊠ Modi	fication
AMOUNT OF FE	E SUBMITT	ED (from Fee Sched	ule): \$ 120	00.00		
EXISTING PERM	AIT NUMBEI	R (if applicable): V	A0003018			
DEQ OFFICE	то which	APPLICATION O	R REGISTF	RATION SUBI	MITTED (che	 ck one)
☐ Abingdon/SWRO ☐ Harrisonburg/			☐ Woodbridge/NRO		☐ Lynchburg/BRRO-L	
☐ Richmond/PRO ☐ Richmond/Hea		dquarters	☐ Roanoke/BRRO-R		☑ Virginia Beach/TRO	
	FOR DEQ US	EONLY				
	Date:	E ONL!	DC	#:		

THE FACE OF THIS CHECK HAS A RED TO BLUE BACKGROUND, TRUE WATERMARK, & MICROPRINTING

PLAINS MARKETING, L.P. P.O. BOX 4648 HOUSTON, TX 77210-4648 Wells Fargo Bank, N.A. 115 Hospital Drive Van Wert, OH 45891

No. 7082568

56-382 412

 CHECK DATE
 CHECK NUMBER

 13-NOV-14
 7082568

\$****12,000.00

PAY Twelve Thousand and NO/100 Dollars

RICHMOND, VA 23218

TO THE ORDER OF COMMONWEALTH OF VIRGINIA DEPT OF ENVIRONMENTAL QLTY ATTN ACCOUNTS REC P O BOX 1104 Void After 180 Days

Al Sum

PLAINS MARKETING, L.P. P.O. BOX 4648 HOUSTON, TX 77210-4648

No. 7082568

DATE: 13-NOV-14 CUST. ACCT. NO.

VENDOR NAME COMMONWEALTH OF VIRG VENDOR NO. 16157

INVOICE NO	INVOICE DATE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
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SE DETACH AND RETAIN THIS STATE	EMENT AS YOUR RECORD OF PAYMENT	THANK YOU	.00	12,000.0

PS Form 3800, Au

Complete items 1, 2, and 3. Also comple item 4 if Restricted Delivery is desired. Print your name and address on the reve	∐ Agent
so that we can return the card to you. Attach this card to the back of the mailpi or on the front if space permits. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
Department of Environmental Q Attn: Accounts Receivable PO Box 1104	uality
Richmond, VA 23218	3. Service Type Di Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 7008]	830 0001 6105 6114
(Transfer from service lab,	

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